

Testimony

Senate Bill 2252

Senate Human Services Committee

Tuesday, February 1, 2005; 9 a.m.

North Dakota Department of Health

Good morning, Chairman Lee and members of the Senate Human Services Committee. My name is Larry Shireley, and I am director of the Division of Disease Control for the North Dakota Department of Health. I am here today to provide information on Senate Bill 2252.

The Department of Health is not opposed to the concepts in Senate Bill 2252; however, two other bills – House Bill 1410 and Senate Bill 2259 – also propose amendments to N.D.C.C. 23-07.5-01. The North Dakota Department of Health is working with Rep. Porter on House Bill 1410, which would revise 23-07.5-01 to include appropriate testing not only for human immunodeficiency virus (HIV) but also for other blood-borne pathogens such as hepatitis B and C. The revisions included in House Bill 1410 should address the concerns highlighted by this bill.

The first amendment proposed in Senate Bill 2252 would add laboratory personnel and health-care providers to the definition of “exposed individual.” In N.D.C.C. 23-07.5-01, a health-care provider is defined as “any person licensed, certified, or otherwise authorized by the law of this state to provide health care services.” Because both laboratory personnel and health-care providers are included in the definition, this amendment is unnecessary.

The second amendment in Senate Bill 2252 again adds laboratory personnel and also adds “or other individual’s” to the definition of significant exposure. Under the revisions proposed in House Bill 1410, exposure is defined as “a percutaneous injury (e.g., a needlestick or cut with a sharp object) or contact of mucous membrane or nonintact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious as determined under guidelines of the United States public health services.” This definition, therefore, makes the addition of the proposed wording in Senate Bill 2252 unnecessary.

Finally, I recommend consideration of repealing N.D.C.C. 23-07.3-01, since the revisions to House Bill 1410 incorporate the intent of the chapter. The Department of Health will be pleased to work with representatives of this committee to ensure that the concerns included in Senate Bill 2252 are incorporated into House Bill 1410.

This concludes my testimony. I am happy to answer any questions you may have.